

## STATE BANK OF INDIA STAFF ASSOCIATION CO-OPERATIVE SOCIETY LTD. 11, ABDUL HAMID STREET, KOLKATA - 700 069

### APPLICATION FOR LONG TERM LOAN

At	PLICATION FOR LONG	LITHI LOAN
The Chairman		Fresh / Renewal  Attach Current Payslip
	C/A or S/B	A/c No
Sir,		
Llike to apply for a Long Term Loa	n of Bs (Bub	ees(only
for	nurnose subject to the B	ye-Laws and rules of the Co-operative Societ
The necessary undertaking and		
		Br. Code
Department	PF No	
		. Date of Birth
		Contact No. (mobile)
		an absolutely correct and nothing has been
		eby authorise to the Society to deduct from m
salary a Sum of Rs	Next mo	nth onwards monthly contribution of my long
term loan instalment.		
FOR OFFICE U	SE ONLY	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Original Long Term Loan	Rs	
Present Balance of L.T. Loan	Rs	Yours faithfully,
R. B. Fund Deduction	@ Rs	\(\frac{1}{2} \)
Checked & Found correct May be Sanctioned for	Rs	(Full Signature of the Member / Borrower
	Head Clerk	The series of th
Recommended	Sanctioned	
Recommended	Ganozonea	
CHAIRMAN/SR.VICE CH		
Date of Sanction		
Representative of S.B.I.S.A		Branch / Unit
		(Signature of Secretary / Representative)
Signature in full		(Signature or Secretary / Representative)
Saal of unit Secretory / Denve	antativa	
Seal of unit Secretary / Repres	entative	
Particular of Surety		
SURETY - 1	_	
		ther's Name
		n Date of Birth
		Phone No./Mob. No
Dept./Branch	Br. Code	
	LOAN BOND	
State Bank o	of India Staff Association (	Co-operative Society
	BDUL HAMID STREET, KOLK	
Under the provisions of the M.S.C.S.	Acts, & Rules, 1984, I authorise	State Bank of India (my employer) to deduct from
my Salary or any other money payab due on this loan, as may be furnished to S.B.I.S.A. Co-op Society Ltd. in sat	le to me including subsistance to them by S.B.I.S.A. Co-op Socisfaction of this loan. I also agree to be to the said Bank is fully live.	allowance such amount on account of instalment elety Ltd., from time to time and pay the same direc- ee that I shall not withdraw or be entitled to revok- quidated and I shall sign all papers and statement

I further Authorise State Bank of India (my employer) in the event of my retirement or death or having been placed under suspension or termination of my service for any cause whatsoever before this loan and the interest due thereon have been fully repaid, to deduct from the moneys due to me or standing to my credit or due to my estate or my Provident Fund or gratuity or pension to which I may become entitled such amount as will be sufficient to liquidate balance of this loan and interest thereon up to the date of repayment and to pay the same direct to S.B.I.S.A. Co-operative Society Ltd. in satisfaction of this loan.

Witness:	
Name	
Signature in Full	(Full signature of borrower)
PF No:	(i dii signature of borrower)
Phone No./Mob. No	

## 11 19400

A A	MESTY.	OL.
-	₹₽	7

Rs. 2/-	A A A SAPPLICATION	ON FOR S	HORT TE	RM LOAN	
		FRESH / R	ENEWAL		th
The Administrativ	e Officer			Date of App	pointment
11, Abdul Hamid	lia Staff Association Co-operat Street, Kolkata - 700 069	ive Soociety Ltd	<b>d</b> .	PF Index No	o
Dear Sir,	offeet, Norkata - 700 069			SB A/c. No.	
I am urgent ne	ed of monmey for Payment of Ex-			Signature	
Premium/Purchas	eed of monmey for Payment of Exa se of Books for Children/Liquid	amination fees to	or Children/Emerge	nt Medical Expense	s/Payment of Life Insurence
NS	(Rupose	g . on, buz.	di Debis and shai	i be giad ii you wi	Il kindly grant me a loan of
acadellott letom m	y salary paid by the State Bank at			) to be re	paid by monthly instalment by
Dated the	e rules and I agree to abide by the	ne same.			
SERETY		day of	200		Yours faithfully,
I, the undersion	aned agree to stand		-		· · · · · · · · · · · · · · · · · · ·
est. (in such a mar event of Shri	ned, agree, to stand surety for th make payment of the loan togeth nner as may be determined by the	er with inter- Bank) in the	-	(Name in Block (Signature in	
1-			Fotbada Nass		
to make payment.	death, dismissal or otherwise refu	ising / failing			
			Dept./Branch		
Dept/Branch	(Signatur	e in full)	Basic Salary R	s	
					arsMonths
Witness	MAHE		. chod of service		
	SENCE OT:	UK CAPITAL)		FOR OFFICE US	SEONLY
Date			Original Short	Term Loan	Rs
Signature of Sure	ety & Withness attested.			ce of S.T. Loan	Rs
Unit Secretary/Re	presentative		R. B. Fund De		
(Seal)					
	Date:		Checked & Fo		
Date			May be Sancti	oned for	Rs
Certified that Basi	ic salary & Lenth of service of the	applicant			Head Clerk
noted in the appli	cation are correct.	applicant as	Recommende		Sanctioned
	Signature of the Branch Manager/He	ead of the Office	CHAIRMAN	I / SR. VICE CH	HAIRMAN / V.C./A.O.
Seal	STA BANK OF INDIA		Date of Sanctio		
		TED OF	AUTHORI		
То			AUTHORI	IY	
The Branch Mana State Bank of Indi	ger/Chief Manager/Chief Account	tant/D.G.M.	Full Name		(IN BLOCK LETTER)
State Bank of Indi	a		Designation		
	Branch / Department		State Bank of I	ndia	(BRANCH)
			Dated		(BRANCH)
	STATE BANK OF INDIA S	TAFE ASSOCI			
	11, ABDUL	HAMID STREE	ET, KOLKATA - 7	ATIVE SOCIETY	LTD.
Dear Sir,	Deduction (Monthly)	from salary of	Account on SHC	ORT TERM LOAN.	
	rovisions of section 58 of the Mu				
STAFF ASSOCI amount of Instal LOAN Instalmen I HEREBY I	ATION CO-OPERATIVE SOCI	ETY LTD., 11, A Society represent	ABDUL HAMID Senting my monthly	case of suspens TREET, KOLKAT/ contribution to w	ion and to pay the S.B.I. A - 69. Each month, the wards my SHORT TERM
					rours raithfully,
	ature			(Signature	
Full Name		IN BLOCK LETTER	One copy	Department / of Letter of Authority	(perforated Dawl -banks
State Bank of I	ndia	Bran	ch retaine	d in the BANK while fo	rwarding this application
No.		To be retained b			
14:	142 LETTE	ROF	AUTHOR	RITY	
	Deduction (Monthly)	from salary of A	Account on SHOR	T TERM LOAN	,
To Propeh Man					
State Bank of Inc	nager/Chief Manager/Chief Accidia	ountant/D.G.M.	Designation		(IN BLOCK LETTER)
			Designation		
	Branch / De	epartment	State Bank of I	ndia	/DD 4 NO.
			Dated		(BRANCH)
	STATE BANK OF INDIA S	TAFF ASSOCI			LTD
	11, ABDUL	. HAMID STREI	ET, KOLKATA - 7	00 069	
Dage Cia	Deduction (Monthly)	from salary of	Account on SHO	ORT TERM LOAN	
Dear Sir, Under the pr	rovisions of section 58 of the Mu	ılti State Co-one	rative Societies A	ct 1004 I barabu	audh a da a a d
STAFF ASSOCIA amount of Install LOAN Instalmen I HEREBY D	ny Salary and Allowances (Wa ATION CO-OPERATIVE SOCI ment to be demanded by the	ges) or Subsist ETY LTD., 11, Society represe	ance Allowance in ABDUL HAMID Senting my monthl	n case of suspens STREET, KOLKAT y contribution to v	sion and to pay the S.B.I. A - 69. Each month, the wards my SHORT TERM ME WITHOUT WRITTEN
					Yours faithfully,
	ature			(Signatur	
rull Name		(IN BLOCK CAPIT	AL) One co	Departmen	

(Signature in full)
Department / Branch
One copy of Letter of Authority (perforated Part) should be retained in the BANK while forwarding this application

# 11550

	SPECIAL SHORT TERM L			DUCATION
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at the same a second for each and	CONTRACTOR OF STATES			
Smar Sir				
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murarea Premium Prinche	sees of faculty for Children's squidaling fo	othy Buszar Diobits and sh	sall tim glad if you	u will kindly grant me a loan
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recently inequipment by check.	without known from mailarly peaks by the Shada B	lank of linesa		Branch
	k and I agree to abide by the same.	200		Marian Arman Maria
Chartanil than	day of	20		Yours faithfully,
SURETY				
Control of the Contro	grave. No estained accretly first this advision known		Name in Block	Capital?
	property of the town trajecthes with interest			
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	AND		(Signature in	( NJR)
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N/It-ravesh	3	FC	OR OFFICE US	EONLY
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Desti	Diste	Checked & Found	correct	
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Torin .				Head Clark
	Litaright of service of the applicant as			Sanctioned
total in the application are		Recomended		Section Sections
disgreature of th	w Branch Manager/Head of the Office	CHAIRMAN / S	R. VICE CHA	IRMAN/V.C./A.O.
STATE BANK	OF INDIA			
har-sel	Date	Date of Sanction	MATERIAL TO ASSESS AND ASSESSMENT	CANADA PAR CARA PRINTE AREA PRINTED BARRON B
	LETTER OF	<b>дитно</b>	RITY	
la .		Full Name		IN BLOCK CAPITAL
	f Manager/Chief Accountant/D.G.M.	Designation		
itale Bank of India		State Bank of India		
		Printer from or for the read-		(SPAHCH)
	Branch /Department	Dated		
STATE	BANK OF INDIA STAFF ASSOC 11, ABDUL HAMID STRE Deduction (Monthly) from salary of	ET, KOLKATA - 70	0 069	TY LTD.
Dear Sir.	, , , , , , , , , , , , , , , , , , , ,			
	s of section 58 of the Multi State Co-op	erative Societies Act. 11	984. I hereby au	thorise and request you to
terduct from my Salary an ASSOCIATION CO-OPER	id Allowances (Wages) or Subsistance ATIVE SOCIETY LTD., 11, ABDUL HAM	Allowance in case of hiD STREET, KOLKATA	suspension and	to pay the S.B.I. STAFF h, the amount of Instalment
	ciety representing my monthly contribut			
	RE THAT THIS LETTER OF AUTHOR	HITY SHALL NOT BE		
APPOENT OF THE S.B.I.	S.A. CO-OPERATIVE SOCIETY LTD		Yours Faithfu	ully,
Himme Planet				
Vitness - Signature	***************************************		(Signature in	full)
ull Name			Department / B	
	(IN BLOCK CAPITAL)	One copy of Letter		erforated Part) should be
itate Bank of India	Branch			varding this application
-	(To be retained	by Br. Manager)		

11552

LETTER OF AUTHORITY

The Branch Manager/Chief Manager/Chief Accountant/D.G.M. State Bank of India

Full Name.... IN BLOCK CAPITAL Designation... State Bank of India..... **非CMAA性** 

.....Branch /Department

Dated...

## STATE BANK OF INDIA STAFF ASSOCIATION CO-OPERATIVE SOCIETY LTD. 11, ABDUL HAMID STREET, KOLKATA - 700 069

Deduction (Monthly) from salary of Account on SHORT TERM LOAN

Under the provisions of section 58 of the Multi State Co-operative Societies Act. 1984, I hereby authorise and request you to deduct from my Salary and Allowances (Wages) or Subsistance Allowance in case of suspension and to pay the S.B.I. STAFF ASSOCIATION CO-OPERATIVE SOCIETY LTD., 11, ABDUL HAMID STREET, KOLKATA-69, Each month, the amount of instalment to be demanded by the Society representing my monthly contribution towards my SHORT TERM LOAN Instalments/RBF.

I HEREBY DECLARE THAT THIS LETTER OF AUTHORITY SHALL NOT BE REVOKED BY ME WITHOUT WRITTEN

CONSENT OF THE S B L S A. CO-OPERATIVE SOCIETY LTD. Yours Faithfully,

Witness - Signatura	egingle beautiful to the control of
Full Harnq consumerous conceptations and con-	EN BLECK CAPITAL
State Bank of India	Branch

(Signature in full) Department / Branch One copy of Letter of Authority (perforated Part) should be retained in the BANK while forwarding this application